

How is your service at «Agency»?

For adults and youth 14 years and over receiving chemical dependency services

Please take a few moments to help us improve services at provider agencies in our regional care network.

Your participation is anonymous, voluntary and will not be used in making decisions about your plan of care.

Study conducted and sponsored by:

	Mid-Valley Behavioral Care Network
	1660 Oak Street SE, Suite 203 • Salem, OR 97301-6454 Phone: (503) 361-2647 • Fax: (503) 585-4989

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Does Not Apply
1. The staff here treat me with respect and dignity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I like the services that I have received here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If I had other choices, I would still choose to get services from this agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I would recommend this agency to a friend or family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The location of services was convenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The staff were willing to help as often as I felt was necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. My calls were returned in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Services were available at times that were good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was able to get all the services I thought I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The staff believed that I could grow, change and succeed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I felt free to complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was told what side effects to watch for <i>(if prescribed medication at this agency)</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The staff helped me to obtain information needed for my recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Turn over – More questions on back page



Survey assisted by:			OFFICE USE	
<input type="checkbox"/> STAFF	<input type="checkbox"/> FRIEND	<input type="checkbox"/> CASEWORKER	A	
<input type="checkbox"/> VOLUNTEER	<input type="checkbox"/> FAMILY	<input type="checkbox"/> OTHER	B	
Why? _____			C	
			D	
			E	
			F	

14. If you answered **Somewhat Disagree** or **Strongly Disagree** for any of the previous questions, tell us about your problems or concerns: _____

15. Which of the services that you receive are MOST helpful? _____

16. What services do you WANT, that you don't currently receive? _____

17. What one thing could we do to improve the services you have received _____

18. For how long have you been in treatment here?

<input type="checkbox"/>	Less than 1 month
<input type="checkbox"/>	Between 1 and 6 months
<input type="checkbox"/>	Between 6 months and 1 year
<input type="checkbox"/>	More than 1 year

19. What is your racial-ethnic heritage? **Please mark only ONE answer.** (optional)

<input type="checkbox"/>	White – Not of Hispanic Origin
<input type="checkbox"/>	Black – Not of Hispanic Origin
<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	American Indian or Native Alaskan
<input type="checkbox"/>	Other:

20. Are you discussing your mental health concerns with your chemical dependency counselor **Yes** **No**

21. Are you also receiving services from a mental health program? **Yes** **No**

22. Do you think that you may have a mental health problem? **Yes** **No** **If "No", stop.**
You are finished with this survey!

➔ **If "YES" to number 22, above, please answer the following:**

23. In terms of both my alcohol/drug and mental health needs, I can say that...	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Does Not Apply
A. I am able to get all the A&D and MH services that I need for my continued progress toward recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Staff here have all the skills needed (or they are willing and able to work with other providers) to help me achieve recovery from both my A&D and MH problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. <u>If you got services from separate A&D and MH programs</u> , did they appear to be planned and delivered in a well-coordinated effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Please offer any other thoughts or suggestions you may have about receiving **both** kinds of services:

Thank you very much for your response!